

File Cover Sheet

Child Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age at acceptance: \_\_\_\_\_ Classroom \_\_\_\_\_

Please Check All Completed:

- Eligibility Verification
- Birth Certificate
- Applicant Eligibility & Enrollment Information
- Income Documentation
- Permission for Services PEEC
- Emergency Card- Digital (From CP)
- Health and Nutrition Questionare
- Health Insurance (Maine Care/Private)
- Release of Information - Medical
- Release of Information - Dental
- Release of Information - Specialist
- Release of Information CDS (CDS Form)
- Immunization Records
- Other: \_\_\_\_\_

Parent Language(s) Spoken:

  
  

Language Facilitator needed?

  
  

Child Language(s) Spoken:

Food Allergies / Dietary Restrictions:

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Health / Medical Needs:

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Developmental Concerns:

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Other:

**For Extended Day Only:**

\*\* Hours Child Needs Care: \_\_\_\_\_ Hours confirmed with Operations Manager? Initials \_\_\_\_\_

<input type="checkbox"/>	<b>Private Pay – No Subsidy</b>
<input type="checkbox"/>	<b>FEDCAP</b> Workers Name: _____                      Release signed:    Y    N Verification in File?   Y    N
<input type="checkbox"/>	<b>CCSP</b> Workers name: _____ Verification in File?   Y    N
<input type="checkbox"/>	<b>Transitional Services</b> Workers name: _____                      Release Signed:    Y    N Verification in File?   Y    N
<input type="checkbox"/>	<b>DHHS</b> Workers name: _____ Confirmation of payment in file?   Y or N

\*FA Staff will send the parent signed Client Information Sheet & income to Fiscal within 1 week of child’s enrollment.